# Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31" (Annually)

		Tomoring of Commissions	
411847 Study Area Code (SAG	7)	143002317 Service Provider Identification Number (SPIN)	
		de a certification form for each SAC through which it provides Lifeline service)	
2016 Kansas		Wheat State Telephone Inc	
Recertification Year	State	Golden Wheet Inc	
DBA, Marketing, or Other Branding Name (If some as ETC name, list 'N'A" Do not leave blank)		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
Does the reporting com	pany have affiliated ETC	Cs? Yes □ No 📷	
determined in accordance with	Section 3(2) of the Communica	ETC. using page 4 and additional sheets if necessary. Affiliation shall be tions Act. That Section defines "affiliate" as "a person that (directly or indirectly) on ownership or control with, another person." 47 U.S.C. § 153(2). See also $47$ .	
Affiliated ETC's SAC		Affiliated ETC's Name	
formation, or other simila laws (or partnership agree	r legal document. An office ment), and would typically	spant of a position I isted in the article of incorporation, articles of cer is a person who occupies a position specified in the corporate by be president, vice president for operations, vice president for finance he filer is a sole proprietorship, the owner must sign the certification.	
Section 1: Initial Co	rtification All ETCs must con	nplete this section	
I certify that the company	listed above has certification	on procedures in place to:	
that, to the best of m	v knowledge, the compan	cumentation prior to enrolling a consumer in the Lifeline program, and by was presented with documentation of each consumer's household his or her enrollment in Lifeline; and/or	
B) Confirm consumer el Lifeline administrator	igibility by relying upon prior to enrolling a consum	access to a state database and/or notice of eligibility from the state ner in the Lifeline program.	
I am an officer of the co-	mpany named above, 1 am	authorized to make this certification for the Study Area Code listed	
Initial /			

#### Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block enter a zero.

Α	В	C	D	E=(A-8-C-D
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers elaimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifetine service prior to January 1 of the current 553 calendar year.)	Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
53	0	3	3	47

#### Recertification Results:

F	G	H = (F-G)	1	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers respending that they are no longer eligible  (This should be a subscr of Black G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification arts mpt
47	45	1 2	2	1

K	L,
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-carelled or scheduled to be de-carelled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertly eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L As a result, all subscribers subject to recertification who were not de-ornalled prict to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

#### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, nather Certification A nor B may apply

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial \_\_\_\_\_

#### Section 3: De-enroll Percentage

Using the data emered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC

M = (F+K)	N = (J+L)	O = ((N+M) * 100)
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Black E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Perorntage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
47	L	8

### Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-bas. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not callect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

## Is the ETC subject to the non-usage requirements? Yes ... No 🔀

lf yes, record the number of subscribers de-enrolled for non-usage by menth in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	

By signing below, I certify that the company listed above is procedures. I am an officer of the company named above. Study Area Code (SAC) listed above.	in compliance with all federal Lifeline certification I am authorized to make this certification for the
Signed,  Pan by Hoffman  Signature of Officer  The Ffmand Wheat State, com  Email Address of Officer	Randy Hoffman, VP Printed Name and Title of Officer  1-3-17  Date  10-20-282-3341  Contact Phone Number